

Case Number:	CM15-0136785		
Date Assigned:	07/24/2015	Date of Injury:	08/24/2010
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male who sustained an industrial injury to his lower back on 08/24/2010. The injured worker was diagnosed with L3-S1 arthroplasty and status post radiofrequency ablations. Treatment to date has included diagnostic testing, radiofrequency ablation at L4-S1 bilaterally in November 2011, radiofrequency ablation at L3-S1 bilaterally in January 2012 and lumbar facet blocks at L1-L2 bilaterally in November 2012, physical therapy, trigger point injections, modified activities and medications. According to the primary treating physician's progress report on June 24, 2015, the injured worker presents with an exacerbation of left low back pain over the last few months with tenderness and spasm with radiating to the left flank. The injured worker rates his pain level at 6/10 without medications. Evaluation of the injured worker noted a normal gait and no evidence of weakness with toe and heel walk. There was tenderness to palpation and spasm over the L4-5 paraspinal muscles with sensory and motor strength intact bilaterally. Bilateral knee and ankle reflexes were 1+ bilaterally. The injured worker received a left lumbar trigger point injection at the office visit. Treatment plan consists of starting Norco as needed, a postural lumbar cushion and the retrospective request for left sided lumbar paraspinal trigger point injections (DOS: 6/24/15) and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic use Page(s): 80.

Decision rationale: Norco is an opioid that is indicated for relief of moderate to severe neuropathic pain in the lowest dose for the shortest period of time. Usage of opioids requires documented evidence of pain relief and functional improvement in cases of long-term use. In this case, there is no quantification of pain, with or without medication. There is also no documentation of symptomatic or functional improvement with previous or current usage of Norco. Thus, the medical necessity of Norco has not been established; the request is not medically necessary.

Retrospective DOS: 6/24/15 Left sided Lumbar Paraspinal trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: CA MTUS Guidelines have very specific requirements for trigger point injections. One of these requirements is documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, there is insufficient documentation of a twitch response. None of the reports described the specific findings. Furthermore, repeat injections are not recommended unless 50% pain relief is obtained for 6 weeks following an injection and there is documentation of functional improvement. The request also does not specify how many trigger points are to be injected. Thus, this request is not medically necessary.